

PAGE	1	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00569905 </div>
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Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

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Full Name of Payee SAVANNA COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 755 SONNE DRIVE		Amount 17250.00	
City ANNAPOLIS	State MD	Zip Code 21041	Transaction ID : SE24.91591 Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016
Purpose of Expenditure SOCIAL MEDIA ADVERTISING	Category/ Type 004		
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought	208540.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee SAVANNA COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 755 SONNE DRIVE		Amount 28750.00	
City ANNAPOLIS	State MD	Zip Code 21041	Transaction ID : SE24.91592
Purpose of Expenditure DIGITAL ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016	
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	208540.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>46000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SAVANNA COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 755 SONNE DRIVE		Amount 4000.00	
City ANNAPOLIS	State MD	Zip Code 21041	Transaction ID : SE24.91593
Purpose of Expenditure ADVERTISEMENT PRODUCTION		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4175.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SAVANNA COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 755 SONNE DRIVE		Amount 500.00	
City ANNAPOLIS	State MD	Zip Code 21041	Transaction ID : SE24.91594
Purpose of Expenditure SOCIAL MEDIA ADVERTISING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 208540.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 11 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.91593

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$81.63 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SAVANNA COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 755 SONNE DRIVE		Amount 5000.00	
City ANNAPOLIS	State MD	Zip Code 21041	Transaction ID : SE24.91595
Purpose of Expenditure SOCIAL MEDIA ADVERTISING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2016	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	55500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
02 / 11 / 2016

Signature